



CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

FORM 1

Hazardous Materials Business Information Form

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BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5									BEGINNING DATE	1	ENDING DATE	2		
BUSINESS NAME														4	BUSINESS PHONE			5	
BUSINESS SITE ADDRESS																		6	
CITY												7	STATE		8	ZIP			9
GARDEN GROVE													CA						
DUN & BRADSTREET										10	SIC CODE (4 DIGIT #)			11	FIRE DISTRICT			12	
COUNTY																		13	
ORANGE																			
BUSINESS OPERATOR NAME														14	OPERATOR'S PHONE				15

BUSINESS OWNER

OWNER NAME														16	OWNER PHONE				17
OWNER MAILING ADDRESS																		18	
CITY												19	STATE		20	ZIP			21

ENVIRONMENTAL CONTACT

CONTACT NAME														22	CONTACT PHONE				23
CONTACT MAILING ADDRESS																		24	
CITY												25	STATE		26	ZIP			27

PRIMARY				EMERGENCY CONTACTS				SECONDARY			
NAME				28	NAME				33		
TITLE				29	TITLE				34		
BUSINESS PHONE				30	BUSINESS PHONE				35		
24-HR. PHONE				31	24-HR. PHONE				36		
PAGER #				32	PAGER #				37		

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:														38	TOTAL # OF EMPLOYEES				39	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)														40	ATTENTION				41	
PROPERTY OWNER NAME										42	ADDRESS				43	PHONE				44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.																				
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE														45	DATE				46	
NAME OF SIGNER (print)										47	NAME OF DOCUMENT PREPARER (print)								49	
TITLE OF SIGNER										48	TITLE OF DOCUMENT PREPARER								50	